

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166201

Entity Name: DALLAIRE LEASING, INC.

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

1108 MAIN ST  
THE VILLAGES, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

140 ST GEORGE STREET  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 20-4018521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALL, CHARLES E  
77 ALMERIA STREET  
ST AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: DALLAIRE, GERALD  
Address: 5030 DATIL PEPPER ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VPSD ( ) Delete  
Name: DALLAIRE, LISA  
Address: 5030 DATIL PEPPER ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD DALLAIRE

PTD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date